

Letter of Recommendation

FOR SPACEFLIGHT AND LUNAR SCIENCES AND TECHNOLOGY PROGRAM
A SUMMER PROGRAM at the JOHN F. KENNEDY SPACE CENTER, FLORIDA, USA

TO BE COMPLETED BY THE APPLICANT

Applicant's name:

Last First Middle
Social Security Number: _____ - _____ - _____

TO BE COMPLETED BY THE REFEREE

You may wish to make additional comments by letter. If so, please attach your letter to this form so that the selection committee may identify the applicant's suitability for this program.

I. Knowledge of the Applicant:

Approximately how long have you known this applicant? _____

How well do you feel you know the applicant? Casually _____ Well _____ Very Well _____

What was the nature of your contact(s) with the applicant?

Teacher _____ Research Advisor _____ Major Advisor _____ Employer _____ Other (specify): _____

II. Personal Characteristics: In comparison with other students in the same field who have the same amount of experience and training, I rate this person as follows:

	Top 1%	Top 5%	Top 10%	Top 25%	Unable to rate
Applicant adapts well to a new environment					
Applicant grasps new concepts easily					
Applicant works well independently					
Applicant is dependable					
Applicant is self-starter					
Applicant sees project to completion					
Applicant is organized (Applicant shows good organizational skills)					
Applicant practices good leadership qualities					
Personal presentation of applicant					
Applicant works well in a group					
Applicant has good communication skills					
Applicant's academic record is good					
Applicant is suitable for this program					

Applicant's name: _____
Last First

III. PLEASE DESCRIBE A SPECIFIC ACHIEVEMENT OF THE APPLICANT that demonstrates the potential for success in this summer program: (Describe projects, situations, etc. where the Applicant has demonstrated exceptional achievement. Use additional paper as needed.)

IV. ADDITIONAL COMMENTS: Please add any comments, which you feel, will assist in evaluating the applicant's potential to pursue the Spaceflight and Lunar Sciences and Technology Program.

RECOMMENDATION: Considering this applicant's academic record, special abilities, ambition and determination, please indicate your recommendation:

☐ Recommend Strongly
☐ Recommend

☐ Recommend with reservation
☐ Cannot recommend (Explain)

Name of referee (please print): _____

Signature _____ Date: _____

Title: _____ Organization: _____

City, State, and Zip code: _____

Phone number (optional): _____ E-mail (optional): _____

Letters of recommendation cannot be accepted directly from the applicant. Do not send letters of recommendation electronically. Send original signed form to the following address:

**Spaceflight and Lunar Sciences and Technology Program
Application Processing Office
Tuskegee University
104 Campbell Hall
Tuskegee Institute, AL 36088**

For more information visit the Spaceflight and Life Sciences Training Program website:
<http://slstp.nasa.gov>

You can send e-mail to our SLSTP address at Tuskegee University: slstp@tusk.edu

